

**TB 2007-14: Medically Needy Income Deduction**

Due to changes approved by the 2007 Montana Legislature, beginning with the benefit month of August 2007, the incurments of medically needy cases will be reduced by \$50. The line item on the benefit determination screens will be labeled MED NEEDY INCOME DEDUCT and will display 50.00. Note: Any cases that have an incurment less than \$50 will then have an incurment of 0; there will never be an incurment with a negative amount.

**Policy Note:** This deduction is not an increase in the \$20 general income disregard. It is an additional deduction from the total net income on the MABD budget, and from either the total gross income or total net income (whichever applies) on the EXBD budget.

The affected benefit determination screens are:

- EXBD – new field displays in the left column, directly above the INCURMENT.
- MABD – new field displays in the left column, directly above the INCURMENT.
- WABD – new field displays in the right column, directly below the MED NEEDY INCOME LEVEL

|                        |                                 |                     |                   |
|------------------------|---------------------------------|---------------------|-------------------|
| EXBD                   | FAMILY MA BENEFIT DETERMINATION |                     | 06/04/07 11:23:06 |
| FA                     |                                 |                     | VICKI F           |
| CASE NAME: JONES, TARA |                                 | CASE NUMBER: 000023 | MONTH: 0707       |
| PROGRAM SUBTYPE: FM    |                                 | HOUSEHOLD SIZE: 04  |                   |

  

|                         |           |                       |        |
|-------------------------|-----------|-----------------------|--------|
| EMPLOYMENT INCOME       | : 2231.05 | WORK EXPENSE          | : 0.00 |
| SELF EMPLOYMENT INCOME  | : 0.00    | 25 PCT/\$30 DISREGARD | : 0.00 |
| TOTAL EARNED INCOME     | : 2231.05 | \$30 & 1/3 DISREGARD  | : 0.00 |
|                         |           | \$30 DISREGARD        | : 0.00 |
| DEEMED INCOME           | : 0.00    |                       |        |
| OTHER UNEARNED INCOME   | : 1315.80 |                       |        |
| TOTAL UNEARNED INCOME   | : 1315.80 | CHILD SUPPORT/ALIMONY | : 0.00 |
| POV BENEFIT STANDARD    | : 0.00    | DEP CARE DEDUCTION    | : 0.00 |
| TOTAL GROSS INCOME      | : 3546.85 | CS DISREGARD          | : 0.00 |
| TOTAL NET INCOME        | : 0.00    |                       |        |
| MED NEEDY INCOME LEVEL  | : 792.00  | TOTAL EXPENSES        | : 0.00 |
| MED NEEDY INCOM DEDUCT: | 50.00     |                       |        |
| INCURMENT               | : 2704.85 |                       |        |

  

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|-------------------------|----------------------------|
| BENEFIT AUTH:           | APP CODE:                  |
| DENIAL/CLOSURE REASON : | REDETERMINATION DATE: 0308 |

  

TM902442 MED NEEDY ELIG; GMI FAILED; NMI NOT CALCULATED

NEXT-->

## TB 2007-14: Medically Needy Income Deduction

|                        |                          |             |          |
|------------------------|--------------------------|-------------|----------|
| MABD                   | MA BENEFIT DETERMINATION | 06/04/07    | 11:03:16 |
| FA                     |                          | VICKI F     |          |
| CASE NAME: SMITH, PAUL | CASE NUMBER: 000097      | MONTH: 0707 |          |
| PROGRAM SUBTYPE: MD    | HOUSEHOLD SIZE: 1        |             |          |

  

|                          |        |                         |       |
|--------------------------|--------|-------------------------|-------|
| EMPLOYMENT INCOME :      | 0.00   | WORK EXPENSE :          | 0.00  |
| SELF EMPLOYMENT INCOME : | 0.00   | \$30 + 1/3 DISREGARD :  | 0.00  |
| TOTAL EARNED INCOME :    | 0.00   | \$30 DISREGARD :        | 0.00  |
| EDUCATION INCOME :       | 0.00   | \$20 DISREGARD :        | 20.00 |
| DEEMED INCOME :          | 0.00   | CHILD SUPPORT/ALIMONY : | 0.00  |
| OTHER UNEARNED INCOME :  | 648.00 | \$65 + 1/2 DISREGARD :  | 0.00  |
| TOTAL UNEARNED INCOME :  | 648.00 | DEP CARE DEDUCTION :    | 0.00  |
| POV BENEFIT STANDARD :   |        | BLINDNESS EXPENSE DED : | 0.00  |
| TOTAL GROSS INCOME :     | 648.00 | SELF SUPPORT EXCLUSION: | 0.00  |
| TOTAL NET INCOME :       | 628.00 | PICKLE/COLA DISREGARD : | 0.00  |
| MED NEEDY INCOME LEVEL : | 525.00 | TOTAL EXPENSES :        | 20.00 |
| MED NEEDY INCOME DEDUCT: | 50.00  |                         |       |
| INCURMENT :              | 53.00  |                         |       |

  

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|-------------------------|----------------------------|
| BENEFIT AUTH:           | APP CODE: 01               |
| DENIAL/CLOSURE REASON : | REDETERMINATION DATE: 0408 |

  

TM901519 IU IS MEDICALLY NEEDY ELIGIBLE

NEXT-->

On WABD (Waiver Benefit Determination), an unrelated change is being made: the RECERTIFICATION DATE field will now be labeled and referred to as the REDETERMINATION DATE field to follow policy definitions.

A report is being run on July 2, 2007 to list open FS cases with medical expenses totaling \$35 or more and having an incurment for the benefit month of July 2007. This report will be mailed to the county OPAs so the medical expenses on these cases can be evaluated and adjusted as needed, and proper notice can be sent. Here is an example of the format of this report.

|                                  |   |   |
|----------------------------------|---|---|
| RPT NBR: COB01521.1              | STATE OF MONTANA<br>DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES<br>THE ECONOMIC ASSISTANCE MANAGEMENT SYSTEM<br>POSSIBLE RECIPIENTS OF THE MEDICALLY NEEDY INCOME DEDUCTION<br>JULY 01, 2007 | PAGE: 3<br>TIME: 08:35:15<br>DATE: 07/02/07 |
| CASE # CASE NAME                 | POA   | EXPENSE AMOUNTS                             |
|                                  |   | ME BD HI MC MD                              |
| COUNTY: BLAINE                   |   |   |
| WORKER: T03301 REED, DONNA       |   |   |
| 262516 DOE, JANE                 | 01  | 275.00                                      |
| WORKER: T03304 BRIDGEWAY, SHEILA |   |   |
| 377844 WILSON, FLIP              | 01  | 7.95  |
| 377844 WILSON, FLIP              | 02  | 57.00                                       |
| 256624 YOUNG, ROBERT             | 01  | 290.00                                      |
|                                  |   | 259.90 93.50                                |

Please see the "Food Stamp Medical Expense for Medically Needy Cases" memo from Tammy Poppe dated June 26 for more details and an example.